

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE Fee  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected by a notice otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

28120 7590 11/30/2007

ROPES & GRAY LLP  
 PATENT DOCKETING 39/41  
 ONE INTERNATIONAL PLACE  
 BOSTON, MA 02110-2624

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Pamela A. Harrison (Depositor's Name)  
 (Signature)  
 February 28, 2008 (Date)

02/29/2008 FMEYER12 00000017 181945 10767018

01 FEE: 2501 720 00 00	02 FEE: APPLICATION NO. 00 DA FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
03 FEE: 0001 10767,018 01/29/2004	10767,018 01/29/2004	Brent R. Stockwell	WIBL-P01-011	4718

TITLE OF INVENTION: IDENTIFICATION OF GENOTYPE-SELECTIVE ANTI-TUMOR AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	02/29/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
CANELLA, KAREN A	1643	514-322000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ropes & Gray LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Whitehead Institute for Biomedical Research

Cambridge, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-1945 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Jesse A. Fecker*

Date February 28, 2008

Typed or printed name

Jesse A. Fecker, Ph.D.

Registration No. 52,883

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FAX TRANSMISSION****DATE:** February 28, 2008**PTO IDENTIFIER:** Application Number 10/767,018  
Patent Number**Inventor:** Brent R. Stockwell**MESSAGE TO:** Office of Patent Publication**FAX NUMBER:** (571) 273-2885**FROM:** ROPES & GRAY LLP

Jesse A. Fecker, Ph.D.

**PHONE:** (617) 951-7633**Attorney Dkt. #:** WIBL-P01-011**PAGES (Including Cover Sheet):** 3**CONTENTS:** Fee Transmittal (1 page)  
Form PTOL-85 Part B Fee Transmittal (1 page)  
Charge \$1,050.00 to deposit account 18-1945

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7615 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

**ROPES & GRAY LLP**One International Place, Boston, Massachusetts 02110  
**Telephone:** (617) 951-7000 **Facsimile:** (617) 951-7050



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b> Application Number 10/767,018 Filing Date January 29, 2004 First Named Inventor Brent R. Stockwell Examiner Name K. A. Canella Art Unit 1643 Attorney Docket No. WIBL-P01-011	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,050.00	

<b>METHOD OF PAYMENT (check all that apply)</b>			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 18-1945	Deposit Account Name: Ropes & Gray LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<u>Small Entity</u>	
						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
- 66 =		x	=		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 14 =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =	/ 50 =	(round up to a whole number) x	=				
<b>4. OTHER FEE(S)</b>							
						<u>Fees Paid (\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2501 Utility issue fee						720.00	
1504 Publication fee for early, voluntary, or normal ...						300.00	
8001 Printed copy of patent w/o color						30.00	

<b>SUBMITTED BY</b>			
Signature	<i>Jesse A. Fecker</i>	Registration No. (Attorney/Agent)	52,883
Name (Print/Type)	Jesse A. Fecker, Ph.D.	Telephone	(617) 951-7633
		Date	February 28, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-2885, on the date shown below.	
Dated: February 28, 2008	Signature: <i>Pamela Harrison</i> (Pamela A. Harrison)